

Visit Note

Patient: [REDACTED]

DOB: [REDACTED]

Time: 2:53 PM

Location: Chase Clinic

Date: 02/03/2012

Provider: [REDACTED]

PCP:

Sanders, Lisa
M.D.

Sanders, Lisa

SUBJECTIVE

Patient Allergies [REDACTED] :

The patient denies any medication allergies. The patient denies any allergies to foods. **Patient had an adverse reaction to cipro**

Chief Complaint (Sanders, Lisa M.D.) :

[REDACTED] is her with a cough for 10 days. She also has a dull headache and her eyes are burning. Yesterday she started feeling a little pressure in her chest. Cough is occasionally productive of non-purulent sputum. No fevers, no shaking chills. Able to keep up with daily activities. Cough is very bothersome. Had ear pain initially as was her throat but that's resolved. Headache is frontal and dull, not worsened with position.

+ sick contacts.

Has to sleep sitting up because if she doesn't then the coughing keeps her awake.

Sometimes gets it when she takes a deep breath.

Feeling tired but wonders if it's from the interrupted sleep.

Has cough medicine with codeine which may be effective. Has chest tightness mostly when she is coughing. Also has some b/l back pain as well. But it's the cough and the headache that bother her most. Cough is worse this week than it was last week. Headache also worse this week.

Current Medications (Sanders, Lisa M.D.) :

Avelox 400mg Tab 1 qd x 7d
Flonase 50mcg/act Suspension 1 spray in each nostril bid x 2 weeks
Ibuprofen 800mg Tab 1 TABLET 3 TIMES DAILY
Oyster-Cal 500 Strength/Form Unknown
Phen/Chlor HCl 5-2-2.5mg/5ml Syrup 2 TEASPOONFUL EVERY 4 HOURS AS NEEDED
Selsun 2.5% Shampoo 2.5% lotion Apply to scalp daily
Ventolin 90mcg/act Aero Soln 2 puffs every 2-4 hours as needed for coughing
Vitamin D Strength/Form Unknown
Westcort 0.2% Ointment As Directed
apply to bottom of foot twice a day when it itches.

Medical Past History Review (Sanders, Lisa M.D.) :

Patient has a medical history of shingles with post herpetic neuralgia
fibroid uterus
varicose vein
Bunionectomy complicated by bone loss and repair with graft
Pneumonia.

Social History (Sanders, Lisa M.D.) :

There is no change in past social history.

Health Care Maintenance (Sanders, Lisa M.D.) :

Colonoscopy: -
Colonoscopy Date: 5-1-11
Colonoscopy Result: stool cards: neg x 3

Mammogram: -
Mammogram date: 4-29-11
Mammogram result: NORMAL

Cholesterol Screening: -
Cholesterol test date: 4-8-11
Cholesterol results- Total: 171
Triglycerides: 68
HDL: 68
LDL: 89

Fasting glucose: -

Fasting glucose date: 4-8-11
Fasting glucose result: 92

Influenza: -
Influenza vaccine date: 10/25/10

Tetanus(DTaP): -
Tetanus vaccine date: 10/25/10

4-9-10
LFTs nl
BUN/Cr nl
TSH 1.85

UA: + LE, nitrate, bacteria but rare epithelial cell - based on readings asymptomatic bacteriuria should not be treated in this population. Will retest to identify bacteria but will not treat.

Pneumovax given: lot # 0060z, exp date 2-3-2011

Pneumovax: -
Pneumovax vaccine date: 4-23-10

Review of Systems (Sanders, Lisa M.D.) :

The patient denies any fever, unexplained weight loss, gastrointestinal symptoms, urinary symptoms, or neurological symptoms.

OBJECTIVE

Vital Signs () :

Vitals (Adult) -
Weight (lbs): 112
Height (in): 62.75
Body Mass Index: 19.996
Blood Pressure (L) initial: 140/70
Pulse at Rest: 76

General Appearance (Sanders, Lisa M.D.) :

██████ appears mildly ill.

Skin Examination (Sanders, Lisa M.D.) :

There is no rash, swelling, redness, or other lesions involving the skin.

HEENT Examination (Sanders, Lisa M.D.) :

The nasal passages are mildly congested draining clear fluid. **no frontal or max sinus tenderness**

**OP clear with a couple of erythematous, painless macules at posterior op
+ transillumination of frontal sinuses No LAN**

Neck Examination (Sanders, Lisa M.D.) :

No mass or lymphadenopathy.

Lung Examination (Sanders, Lisa M.D.) :

The patient is not dyspneic. The patient is coughing. The cough is productive. The wheezing is heard lower left lung field.

Heart Examination (Sanders, Lisa M.D.) :

The rhythm is regular. The PMI is in the 5th intercostal space of the MCL. Apical impulse is normal. S1 is regular. S2 is physiologic. There is no S3, S4 gallop, murmur, click, or rub.

Extremities Examination (Sanders, Lisa M.D.) :

There is no clubbing, cyanosis, or edema.

Vital Signs (Sanders, Lisa M.D.) :

Vitals (Adult) -

Weight (lbs): 112

Height (in): 62.75

Body Mass Index: 19.996

Blood Pressure (L) initial: 140/70

Resp Rate: 16

Pulse at Rest: 76
Pulse Oximetry: 96

ASSESSMENT

Assessments (Sanders, Lisa M.D.) :

Cough, 786.2
Cold (Common), 460
Bronchitis Acute , 466.0
Chest Tightness , 786.59

General Assessment (Sanders, Lisa M.D.) :

10 days of URI sx and cough; with some suggestion of sinus conjection and bronchitis.
Z-pack
Afrin
Cough syrup with codeine
Chest pain probably related to bronchitis; ekg normal.

PLAN

Medication Plan (Sanders, Lisa M.D.) :

STOPPED: Avelox 400mg Tab 1 qd x 7d, High Cost of Medication
REFILLED: Phen/Chlor HC 5-2-2.5mg/5ml Syrup 2 TEASPOONSFUL EVERY 4 HOURS
AS NEEDED, small bottle, 1 Refills
NEW: Zithromax Z-Pak 250mg Tab 2 TABLETS TODAY, THEN 1 TABLET DAILY
THEREAFTER, 1, 0 Refills
NEW: Afrin Nasal Spray 0.05% Solution 2 sprays each nostril bid for three days, 1 bottle, 0 Refills

E&M Codes (Sanders, Lisa M.D.) :

Established Patient office visit 15 minutes (detailed problem), 99213

Revisit Orders (Sanders, Lisa M.D.) :

TIME UNTIL NEXT VISIT: 2 - 4 months.

Common Internal Med Chg (billing) (Sanders, Lisa M.D.) :

EKG, 93000

ASSOCIATED PROCEDURES

Established Patient office visit 15 minutes (detailed problem), 99213[25]

Cold (Common), 460

Cough, 786.2

Chest Tightness , 786.59

EKG, 93000

Chest Tightness , 786.59